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REMAKING
A MAN

COURTENAY BAYLOR

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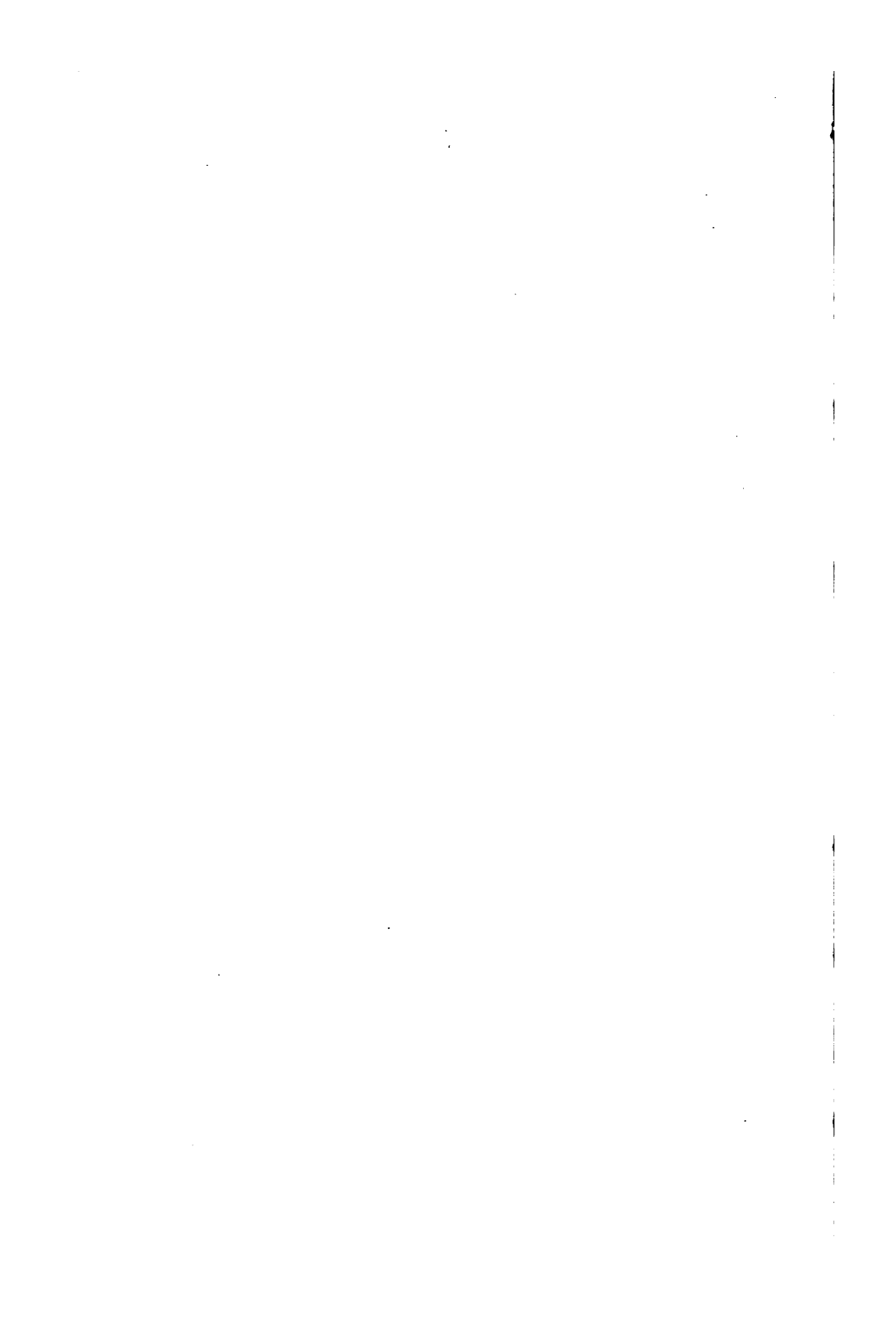
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REMAKING A MAN



REMAKING A MAN

*One Successful Method of
Mental Refitting*

BY
COURTENAY BAYLOR
OF THE
EMMANUEL MOVEMENT, BOSTON



NEW YORK
MOFFAT, YARD & COMPANY
1919

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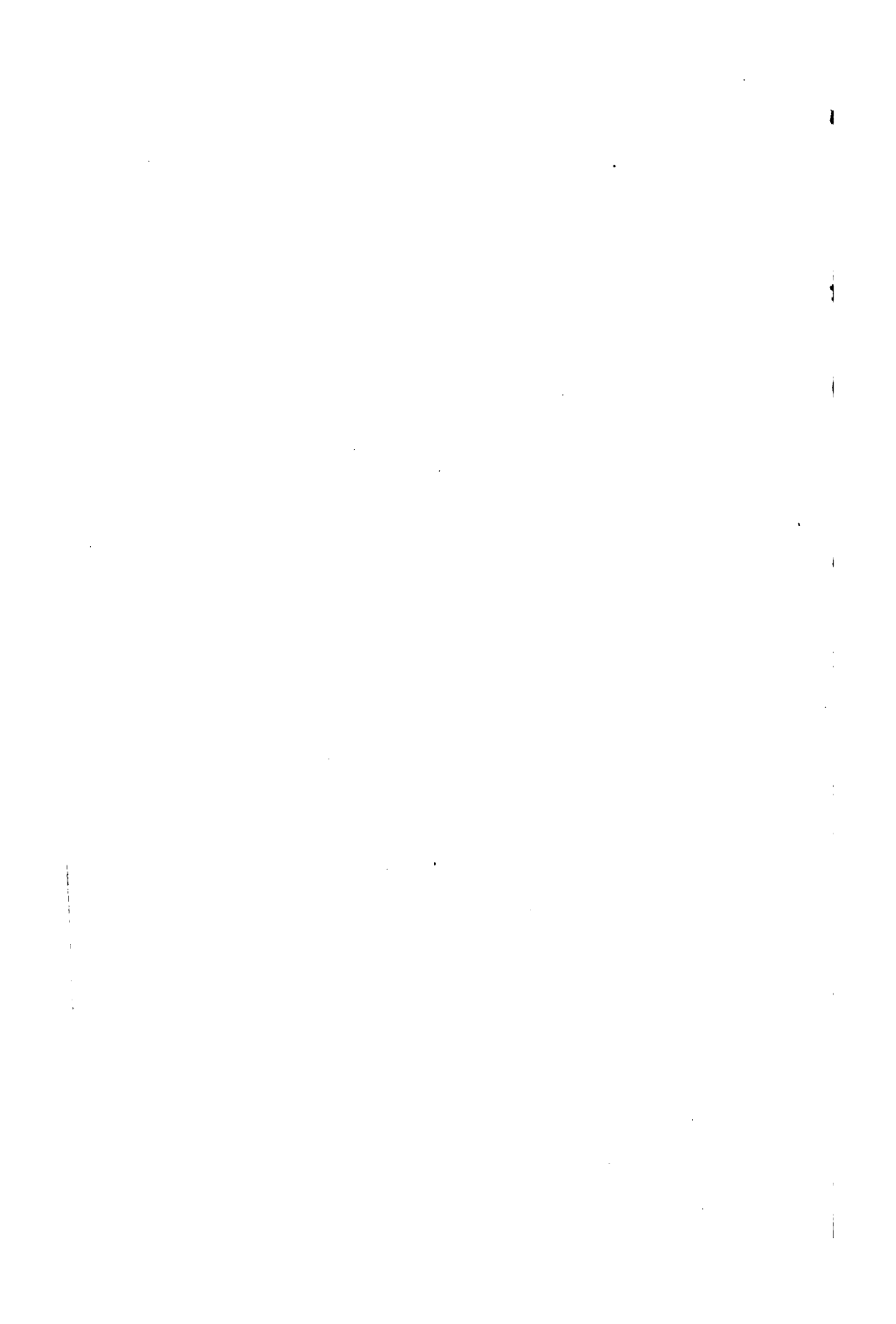
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PRESERVATION MASTER
AT HARVARD

FOREWORD

THE writer's one object in his psychological work has been to obtain results. He has therefore explained his ideas to his patients in the language each individual would understand. Since his experience has been that of a layman talking almost entirely to laymen, he has not acquired a technical vocabulary. This he regrets, as he is perfectly conscious of the value of technical terminology in arriving at an exact expression of one's ideas when addressing scientific men. He asks, therefore, that those readers to whom his terminology may seem crude will criticise his methods and results rather than the terms he uses to describe them in this paper.



INTRODUCTORY STATEMENT

WHATEVER progress medicine may make as a science, the treatment of the sick, as Dr. Weir Mitchell maintained, will always be an art. It is from this point of view that Mr. Baylor's treatise should be judged. It describes as simply and truthfully as words can describe a method of moral treatment of certain selected cases which has been productive of good results. For years I have sat in my study in Emmanuel Church, and I have seen Mr. Baylor's patients come and go. Many have come to the Church, broken and ruined men. They came to us because life itself had cast them off and they knew not whither else to go, nor how to escape from the vices and miseries which were destroying them. Many of them have gone forth new men, having undergone a change in character, in physical and moral health and in facial expression little short of miraculous. These men, I should state, were not recruited from any single rank in life. They represented almost all types of

viii INTRODUCTORY STATEMENT

education and social environment from the lowest to the highest. While many presented definite problems of alcoholism, morphinism or sexual abnormality, many others have sought relief from the ordinary neuroses and psychoses,—depression, fear, weakness of will, painful thoughts, insomnia, evil temper, lack of mental concentration, with the resultant tale of failure, impoverishment and discouragement.

In talking with many of these men I have been impressed by the extent to which they had been able to accept and appropriate Mr. Baylor's philosophy and by the use they were able to make of it. It would be strictly true to say that this teaching has changed life for hundreds of men and for the families of such men. I know, alas! only too well how far the written word fails to express the whole personality of a man. Yet I hope that this little book, conceived in charity and illumined in every page by vital experience, may produce upon its readers some portion of the effect which the same thoughts have created when informally uttered.

EDWARD WORCESTER.

Emmanuel Church.

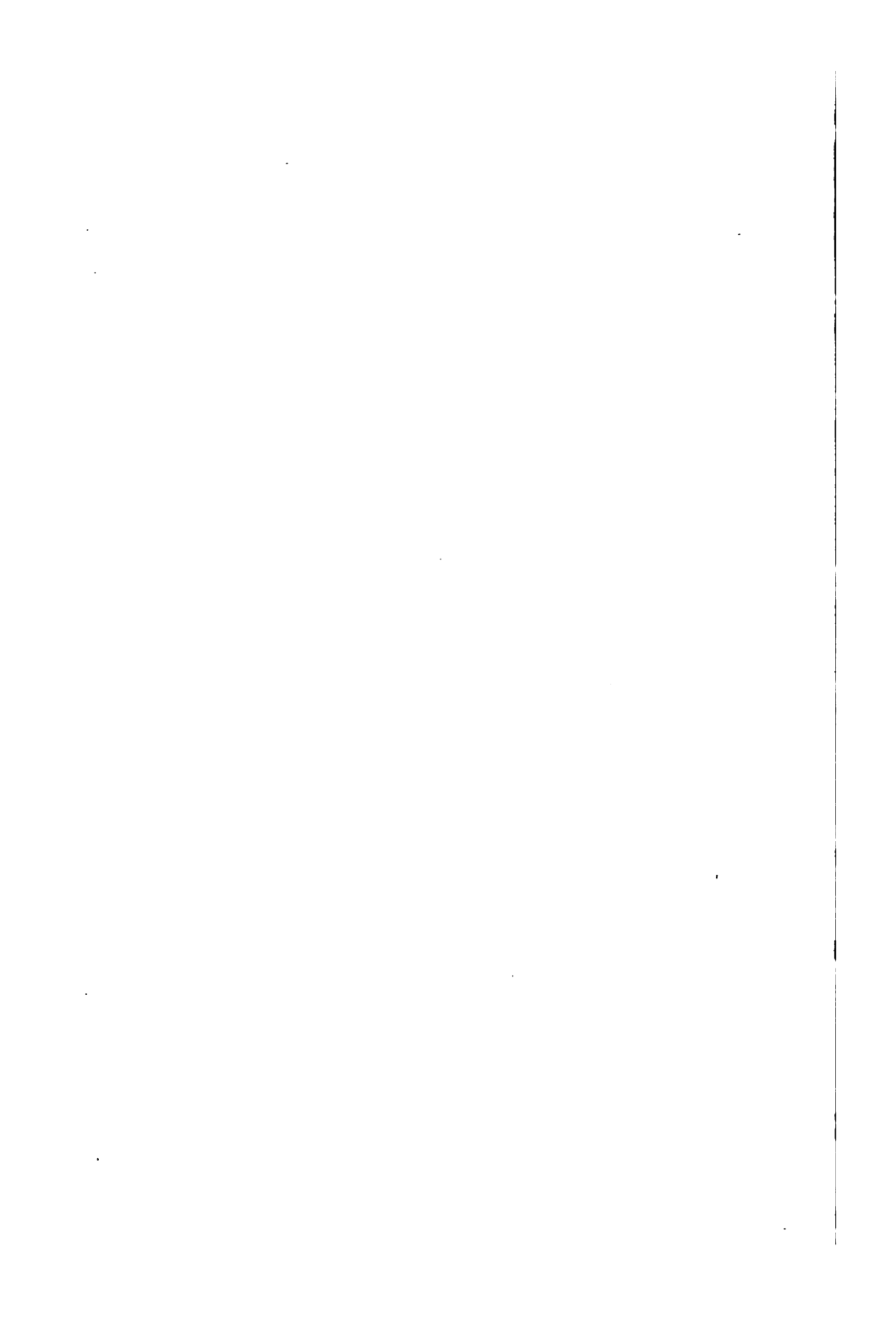
One Successful Method of Mental Refitting

by

Courtenay Baylor

of the

Emmanuel Movement, Boston.



REMAKING A MAN

I

THERE are three reasons why this paper is written at this time. First the writer wishes to establish if possible his claim that it is logical, legitimate, ethical, and safe for one who has no medical or surgical knowledge and who has no psychological degrees to do a certain type of psychological work in conjunction with skilled physicians, provided such a person has demonstrated by a long period of results that he is competent to handle certain types of neuroses. Just as officers who have gained their military knowledge in the practical school

**Purpose
of paper.**

have a place with those who have had theoretical training, so he feels that the man who has acquired a knowledge of psychology in a practical way has a proper place in the field of psychological work. He hopes to justify his own claim to a legitimate place in this field by the following account of his methods and of results which he has obtained through them. He also wishes so to present his ideas that this paper may be of value to any one who is interested in the practical application of these methods, either for the purpose of helping others or possibly for his own relief; and finally he wishes to suggest to the physicians in authority the practicability of this method for use in the treatment of returned soldiers suffering from the neurotic conditions known as "shell-shock" and from other emotional results of war-strain.

Writer's
past work
has been
with
alcoholic
and non-
alcoholic
neuroses.

He has been working for some seven years under the guidance of Dr. Elwood Worcester of the Emmanuel Movement, in Boston. During this time he has handled personally some thousand cases, of which fully two-thirds have resulted successfully. He first applied himself

to the refitting of mental processes by psychological methods in work with alcoholics—those who obviously and avowedly wished to give up drink entirely but who, owing to a condition of mental conflict, were unable to do so. From this experience with alcoholism he has worked out an analysis of what he believes to be the condition and the underlying cause in alcoholic neurosis, and one method of permanently removing this cause.

But, although he has worked primarily with alcoholic conditions, his whole experience has necessarily led him into dealing with many other neurotic conditions. Every case of alcoholism has behind it what might be called an alcoholic or a neurotic atmosphere. We can hardly expect a patient to become or to stay cured if he must remain in an environment which has in all probability contributed to his own abnormal nervous condition. This environment must in its turn be "cured." The writer has therefore, when he has been working directly with the alcoholic patient, dealt also personally with the individuals involved in the background of each case.

Basis of
writer's
confidence
in his
methods
for the
relief of
certain
forms of
war-
neurosis.

It is upon this experience that he bases his confidence in the value of his methods as an aid to handling the neurotic conditions among returned soldiers. So often he has found, in the families of alcoholic patients, persons in whom exactly the same abnormal condition has obtained, although they have never taken alcohol. They have presented symptoms corresponding or similar to those of an alcoholic neurosis; they have shown a mental state answering to the same analysis; and they have yielded to the same treatment. For it is evident, the writer feels, that after all—whatever its cause, whether it be the result of a long or a short period of sorrow or care or horror, or merely a precipitation of an existing neurotic tendency, and whatever the manifestations characterizing the individual case—there is a particular neurosis which is fundamentally the same condition always, and which therefore responds always to the same method of treatment. He believes that this neurosis is, in many instances, characteristic of “shell-shock” and of war-strain; and he feels confident that any methods which have already

proved successful in its relief elsewhere will also prove valuable for the relief of war-strained men in whom physicians find it to exist.

One
method
worked
out
for the
permanent
relief of
alcoholic
neurosis.

II

IN working with the patients who presented themselves for relief from alcoholism I found that they fell naturally into three classes: those with an alcoholic neurosis; those who, while they appeared at first to have simply a neurosis, proved upon further acquaintance to be suffering from a definite psychosis or from actual insanity; and a few individuals who, while they were neither insane nor psychopathic, seemed incapable of responding to any method of treatment. For these last two groups I do not pretend that any permanent reconstruction can be brought about by this treatment; but for the alcoholic neurosis I have worked out one method of obtaining permanent relief which has proved successful in many instances.

It seemed to me that the condition in this

trouble was essentially the same whether the use of alcohol had been the original cause or was the outcome and expression of an existing neurotic tendency; the same analysis seemed to apply to any alcoholic neurosis. I recognized that the taking of the tabooed drink was the physical expression of a certain temporary but recurrent mental condition which appeared to be a combination of wrong impulses and a wholly false, though plausible, philosophy. Further, I believed that these strange periods were due to a condition of the brain which seemed akin to physical tension and which set up in the mental process a peculiar shifting and distorting and imagining of values; and I have found that with the release of this "tenseness" a normal coordination does come about, bringing proper impulses and rational thinking.

Alcoholism is characterized always by the existence of a secondary and false philosophy. In some cases this abnormal point of view replaces the man's normal philosophy to such an extent that he is conscious of the one attitude only—the false. In the majority of cases

General conclusions regarding alcoholic neurosis.

Alcoholic neurosis characterized always by a secondary and false

however, the normal and the abnormal are revealed to him as existing together and conflicting more or less noticeably. But in any phase of the trouble and whether the conflict is revealed or not, it is the existence of the two different attitudes which characterizes the mental state in alcoholic neurosis.

Even the moderate drinker has this characteristic philosophy,

Take the man who drinks moderately. It is safe to say that in the great majority of cases a man who takes a drink does so with a mental reservation that it is because the weather is hot or cold, or he is wet or fatigued or depressed or excited, or his foot-ball team has won, or for the sake of sociability, or because some one has died. It is almost never that he realizes and frankly states that he wants a drink because it is a drink and that drinking has such a hold on him that he cannot get along without it. He assumes the nonchalant air that drink in itself is really immaterial to him—that he only drinks on occasions as above.

But as a matter of fact even the most moderate drinker—the man who may go through life without drinking to so-called excess—has an alcoholic neurosis, and therefore this second-

dary philosophy, to just the extent of his drinking. He may have no scruples about the use of alcohol, and therefore he may not be conscious of any difference in his philosophy at the moment when he wants a drink and at any other time. Let him for any reason attempt to give up drinking entirely however, and he will discover his inability to do so without a struggle. He will, each time he wants a drink, offer himself some good reason for this particular lapse; and the point of view which he holds at that moment will be to him apparently true and conscientious.

With the acknowledged victim of alcoholism this philosophy of excuse becomes more and more persistent; either it becomes a perpetual state, or it breaks intermittently,—allowing a consciously different point of view for some time, only to have the excuse return with full persuasiveness. In the first case, with the excessive drinker, the normal mental attitude has been so completely replaced by the alcoholic philosophy that there is no consciousness of any conflicting ideas. In the latter case, with the periodical drinker, the two attitudes

for he has a true alcoholic neurosis to the extent that he drinks.

This false philosophy becomes more persistent as the drinking goes on.

exist side by side for a time and their conflict is revealed. This last is the condition of the moderate or occasional drinker intensified. Then the man has not yet recognized his drinking philosophy as anything apart from a normal point of view; but with the periodical drinker the drinking has reached a point where it is its own indictment. Here the man himself recognizes as false the philosophy which justifies it, and the two points of view are therefore revealed to him in opposition.

Same dual point of view is revealed in non-alcoholic neuroses of this type.

This same dual condition is found in the non-alcoholic neuroses of this type. There is a conflict of impulses, an instability of thought, a kaleidoscopic change of values, and with these the lack of power in the sick person to truly analyze his attitude and actions. He rarely realizes that business, family, friends, and politics seem all wrong largely because of his own fear, depression, irritability, or distorted imagination. He conscientiously believes that he is fearful, depressed, or irritable entirely because of negative circumstances or because of the attitude of other people. Even the difference between his normal and abnormal

periods he usually explains away, if he recognizes it at all, by attributing it to a change in something outside himself. Thus, while the conflicting philosophies of the non-alcoholic conditions are perhaps less conspicuous than the two points of view in alcoholism, they are nevertheless two distinct mental attitudes—the one neurotic and the other normal, and they have been an important feature of this particular neurosis in each phase with which I have come in contact.

In the abnormal periods the mental state is literally a circle of wrong impulses and false philosophy—each a cause and a result of the other. It seems logical in an alcoholic condition to think of the impulse as starting the philosophy—that is, a man wants a drink and then thinks up a justification for taking it; but on the other hand, the neurotic condition which follows from that drink brings distorted values and as a result false reasoning and wrong impulses. In non-alcoholic phases of the trouble a person becomes neurotic and proceeds to apply his neurotic reasoning to everything—the conduct of his business, his relations with

Mental
state in
abnormal
periods
is circle
of wrong
impulses
and false
philosophy.

the members of his family and with friends—in short, to whatever may hold his attention at the moment. That is, the impulse to fear or depression or irritability, which is itself the result of a neurotic condition, arouses in him an attitude of mind which, as soon as it becomes apparent in his conduct—and it is inevitably translated into conduct—creates in reality the condition which he first imagined in his fear. This new and real condition now gives him a logical reason to continue and increase his fear tendency; and so he goes around the circle again and again with ever increasing momentum—fear creating conditions, and conditions creating new fears.

Brain
condition
underlying
this mental
state seems
like
physical
tenseness.

Underlying and apparently causing this mental state, I have always found the brain condition which suggests actual physical tenseness. In this condition a brain never senses things as they really are. As the tenseness develops, new and imaginary values arise and existing values change their relative positions of importance and become illogical and irrational. Ideas at other times unnoticed or even scorned become, under tenseness, so insistent

that they are converted into controlling impulses. False values and false thinking run side by side with the normal philosophy for a time; and then with the increasing tenseness the abnormal attitude gradually replaces the normal in control. This is true whether the particular question be one of drinking or of giving way to some other impulse; the same indecision, changeability, inconsistency, and lack of resistance mark the mental process. In fact a person will behave like one or the other of two different individuals as he is or is not mentally tense.

For instance, on Monday when he is normal and values appear to him in their right proportion, a man honestly feels he will never take nor want another drop of liquor. By normal I mean that he is coordinating physically, mentally, and psychologically, and is free from fear, depression or exaltation, irritability, or any of the other children of the tense mental condition. Yet this same man, on Thursday, when he has developed the 'tenseness' which prevents perfect coordination and when again as a consequence the mental confusion and

Effects of
this
"mental
tenseness"
in
alcoholism

distorted values have returned, may be debating with a sort of second self and finally deciding he needs just one drink. He has been fully conscious of both lines of reasoning at first, and he has known perfectly well the train of events which is bound to follow the "just one drink"; yet as the tense condition increases, he yields to the alcoholic philosophy.

Its effects
in non-
alcoholic
conditions.

Take the man who does not drink. He has, we will say, worked up to a very good position; he is too old to secure any different kind of work; and it is therefore essential that he retain his present place. Further, because of long years of companionship and real love, his wife is necessary to his happiness and it would seem to his very existence; and his love for his children and their love for him is a condition he would give his life to protect. These he knows are the true values; but what do we find when this man's brain becomes tense? He will endanger his wife's affection by scolding and finding fault with her over trivial things which at other times he would ignore. He will risk losing his children's love and respect by unjustly punishing and impulsively and irra-

tionally criticising them. Even here he will shift from day to day as to the things which he chooses for his fault-finding. His position in business he will endanger by impertinence to his employers and a grouchy lack of cooperation with his associates. In the background running parallel with all this for a time is the consciousness that he must retain his position and that he loves his wife and children dearly and wants and needs their love in return; but, as the mental tenseness increases and so long as it holds, it is the false values which control his conduct.

In normal sleep we are conscious only of dream-life or of nothing at all; in the normal waking condition the whole brain is awake and capable of carrying on its real work of all 'round balanced thinking based on true values; in the neurosis which I am describing it seems as if a part of the brain were awake while the other part were dreaming, and the result is a mental state of uncertainty and conflict. This seems to be true whatever the extent of the trouble: the dream-condition may become perpetual or it may be broken or very slight in

Brain
seems
partly
awake and
partly
asleep
in this
neurosis.

proportion to the mental tenseness; but always, with this tenseness, come the dream-values and the irrational impulses and their consequent philosophy and behavior.

Take our illustration of the non-alcoholic man who has become mentally tense. His brain is in the condition of one waking from a nightmare in which some horror is chasing him and in which he is unable to make his legs run him away, while at the same time the thought goes through his mind, "I know this is only a dream, and yet I must wake up before this thing catches me." With the part of his brain which is awake he recognizes the unreality of the values upon which he is acting; but the tense, dreaming part seems to have control of the situation. Take also the man who reverts to drinking again on Thursday after having been so very far from even the thought of such a thing on Monday. He is sufficiently conscious of his real philosophy to debate the question with himself at first; and yet, as the tenseness gradually gains control of his brain, he surrenders to the dream-values and to the action which they justify.

One important characteristic not to be overlooked in this neurotic condition is the absence of any real desire—if not the presence of actual reluctance—on the part of the patient to reach a point of *complete* normality. It is hard to realize that a person suffering from alcoholism or from fear, melancholy, trembling limbs, or any other symptom of this neurotic state should not want to get entirely well; but such is the fact in a great many cases. The patient wishes to have the acute symptoms allayed, but there is an unconscious tendency to secretly hold on to his difficulties while making believe that he is trying to surmount them. This point is elusive. It is so hidden by the surface symptoms of the trouble at first that the patient is honestly unconscious of it and the instructor is aware of its presence only because experience has taught him to look for it. It reveals itself beyond question, however, as soon as the acute difficulties have been cleared up. Then once the patient recognizes and understands this tendency to hide behind his illness and acknowledges its existence, his recovery can become rapid; but until this can be accomplished he

Patient
does not
really
want
to get
entirely
well.

will unconsciously prevent his own return to complete normality.

Neurotic
patient's
mental
attitude
analyzed.

The neurotic patient's attitude is like that of a person who, in a happy convalescence from physical illness, dreads getting back into the vigorous responsibility of life. He realizes in his neurotic condition that he is not competent to meet the problems of life as a normal man would, and he assumes that this is not expected of him. The fact that he is considered a sick person is a relief, since it implies that he is to be looked out for in some degree. He feels that, while he is sick, either his problems will be met for him or he will have an excuse for going down before them. He has not sufficient imagination to realize that those things which seem to be problems to him in his illness will cease to be anything more than mere incidents of life when he is well. From his present point of view they will always be problems. He feels that he will go down before them without a doubt and if he is considered well there will be no excuse other than mental incompetency. That he is mentally incompetent he fears and admits to himself; but he does

not wish to share this secret. He may talk loudly about being competent; but in reality he does not believe in his own returning capabilities, and he dreads to put them to the test.

III

Permanently
relaxed
mental
state
must be
induced
to relieve
this
neurosis.

If I am right in my contention that "mental tenseness" is the underlying cause of this neurotic condition, we must, to relieve the neurosis, permanently remove this cause. That is, we must induce as permanent the mental state which exists in the absence of tenseness.

Relaxation
described.

Freedom from tenseness in my opinion is merely a normal mental state in which the entire brain is awake and the man coordinates simply and naturally with his surroundings and within himself. I like to describe it by the word "relaxed"; and when I use this term, while I do mean to indicate the opposite of tense, I mean also something far more than a state of mere limpness. Relaxation to me suggests a combination of suppleness, vitality, strength, and force—a certain definite intentional elas-

ticity. It is always the condition behind good work, physical or mental. The athlete, the musician, the writer, the teacher, the business man, all do their best work when they are relaxed and running free. Then they coordinate all their powers without tension; then they do not rigidly charge their problems, but blend and work with and direct them.

To induce this relaxed state permanently, the tenseness must first be released temporarily by some means; the patient must then be taught to prevent its recurrence; and in order to make these measures lasting and effective, he must be provided with the inspiration of an entirely new outlook on life—"a new scale of values."

The patient must eventually be re-educated in his whole mental process so as to know how to recognize and to dissolve certain tendencies at their very inception and before they get under way, for it is only by doing this that he can prevent the recurrence of his tenseness. Irritability, dread of making a contact, procrastination, depression, self-pity, a general feeling of fear—all of these and more—should be labeled as danger signals and eliminated

Method
of relief
outlined.

Re-education is
necessary
to
permanent
relief.

while they are still tendencies. This re-educational work is done through logical analysis and explanation and definite instruction, which are combined, if the patient can cooperate in relaxation, with direct relaxing exercises.

But temporary relaxation is essential before attempting psychological work.

But the temporary relaxation, direct or indirect, is, I feel, an essential preliminary at each interview. Since tenseness in the brain causes destructive, negative, and irrational thinking and prevents the normal action of the mind, whatever tenseness exists must be released before any attempt is made to re-educate that mind. It is of little avail to feed logic to a tense mind, for such a mind cannot digest it. But a brain relaxed and cleared from tenseness and free from that dream-condition spoken of works normally. Not that it is necessarily filled with knowledge; but it is in a receptive and responsive state in which values can more readily appear in their right proportion and constructive and consistent impulses arise. Thus the instructor should always be sure that the patient is relaxed and in harmony before he attempts any psychological work.

What might be called the inspirational phase

of the treatment is practically bound up in the two phases which I have just outlined. Every person suffering from any form of this neurosis needs a new point of attention, a new philosophy of life, and new courage with which to face life. The method in itself thoroughly understood meets these needs. It supplies the patient with a new interest and a new point of view so big and so different that they occupy the present moment fully and at the same time make all life seem worth while to him. It gives him something new to live for, and with this new purpose, a new consciousness of power within himself; and so eventually it arouses and develops his nature to its full capacity.

Treatment
supplies
new
interest,
new point
of view,
and new
courage.

He need rely no longer upon the functions and senses which have failed him so often. He has through this method discovered another, hitherto unrecognized, sense or function or power upon which he has learned to draw at will and which enables him to meet the problems of life with joy and to master them. He knows now how to release the tenseness in himself and in persons and conditions surrounding him. More than this, he has learned how to

cultivate right impulses and constructive thinking and so create within himself and thus in his surroundings better and stronger and happier conditions; and according to his new philosophy, he realizes that the whole secret of life lies in creating these right impulses and conditions rather than in resisting wrong and harmful influences.

To bring about permanent normality is an art.

To bring about a psychological change which shall straighten out a chaotic mind into permanent normality is more than a science; *it is also an art.* The physician, surgeon, psychologist, or layman who has this art may by practice develop various degrees of technique with corresponding results. But in my opinion the knowledge of medicine, surgery, or psychology alone, without the art factor, does not produce concrete results along these lines.

Instructor must develop intuition and resourcefulness.

The instructor's aim is to bring about in a sick mind permanent relaxation and re-education. To do this he must develop intuition and resourcefulness. To teach a man to relax his body is one thing; to teach him to relax his mind is a much more difficult problem. The first is necessary to the second, and there are

many ways of attaining both. There are also many and various temperaments each of which calls in the refitting process for a different handling as to details of approach and treatment.

In order to accomplish anything by any method, the instructor must first gain the confidence and cooperation of the sick man's mind. To insure these conditions he should remember that the obtaining of the patient's confidence does not depend upon what the instructor thinks of him but upon what he thinks of the instructor. Thus, while obviously he will hold a position of dignity in every interview, the instructor must eliminate at the outset all possibility of any real or imaginary point of cleavage between the patient and himself—such as might appear between a man "who knows it all" and a "poor fool who knows nothing." If such a feeling of cleavage does appear, it cannot be eliminated by patronage or make-believe interest. The instructor must make sure that he is honestly interested in the patient's welfare, and with this basic truth planted

Instructor must first gain patient's confidence and cooperation.

He should avoid any possible air of superiority, or dogmatic statements rigidly expressed.

his honesty of purpose will be revealed to the patient as the interviews progress.

Further, it is not what the instructor says but what the patient actually believes which will determine the latter's impulses and actions. There may be some types of mind which will accept and believe dogmatic statements rigidly expressed; but I am sure that the average person combats this method. He will, however, cooperate quickly if ideas are offered for his acceptance or rejection—as they may or may not appeal to him—rather than handed to him as something which we have already accepted for him. The instructor must therefore sense the mental process of each patient and adjust his manner of conversation and instruction always to the type of mind with which he is dealing.

Whole contact with patient is in itself indirect "suggestion" and is the basic influence in any reconstruction.

The instructor must also keep in mind constantly how large a part indirect methods play in the successful handling of any patient. When he remembers that all personal interviews are one hundred per cent "suggestion," direct or indirect, and is watchful and skillful he may so arrange his contact with the patient

that everything which is said and done—the entire atmosphere—shall contribute to the latter's recovery. Every quiet conversation and every moment of interest in anything outside himself and his own affairs is in itself just so much gained towards the patient's relaxation and re-education in any case; and when the points of interest and the activities offered are deliberately chosen by the instructor they can be made to carry a "suggestion" tending very definitely toward reconstruction.

We hear the terms "suggestion" and "auto-suggestion" used often as if they implied something uncanny and unnatural, weird and oriental, when in reality they refer simply to the reaction of thought to something seen or heard or felt and to the natural expression of that thought in some physical or mental action—an obvious and familiar process. The salesman meets the customer; there is the attitude on the salesman's part of cheerfulness; this has a definite effect upon the customer. The orator comes upon the platform; there are certain things about him which arouse in the individual members of the audience a positive or a nega-

"Suggestion" explained as it is used in this discussion.

tive reaction; as he speaks, the words he says start trains of thought in the minds of his hearers; the audience in its applause or quietness sends back a definite impression to the orator. A mother kisses the baby's bump and makes it well; she raises her eye-brows with a look of surprise and the child draws its hand away from the sugar-bowl. In all these there is the play of "suggestion."

We use and respond to "suggestion" so continuously and unconsciously that it has very little interest for most people. It has a new interest, however, when we consider it as it is applied in this treatment, when we realize that a person can "suggest" to himself and bring about a desired condition—that he can tell himself to be free from nervousness the following day, for instance, and find next day that this "suggestion" is carried out. "Suggestion," then, as the term is used in this discussion, refers merely to this everyday process deliberately applied to the reconstruction of a sick mind.

The direct work—the detailed explanation—which is necessary for permanent reconstruc-

tion should, of course, be begun as soon as possible; but some temperaments and conditions react unfavorably to a direct approach. The patients are embarrassed or frightened or antagonized, and their mental tenseness is increased, by direct instructions or even by comments bearing frankly upon their own treatment. In such cases the instructor should blend, as soon as he perceives this disturbance, into indirect methods only and should use them exclusively until he has brought the patient through to a point where he is ready for the usual treatment and willing to accept it.

For instance, he may tell a patient how he wishes him to practice definite relaxation by himself later in the day describing here step by step what he wants him to do later on. This postponing of the time of action relieves the patient of embarrassment by allowing him to do the exercise by himself, and it takes out of the situation any possible appearance of insistence, which is so petrifying to the neurotic. Or if the patient is annoyed by this discussion of relaxation as such, the instructor may talk more or less impersonally about some other

Direct work necessary for reconstruction should be begun as early as possible, but some patients require preparation through indirect methods.

Indirect relaxation described.

phase of his treatment. The tone of voice and the speed of the conversation will have a relaxing effect upon the patient, and the result will be some release of his bodily and mental tenseness for he will unconsciously let go to a certain extent as he listens.

Indirect
suggestion
described.

Or if a patient cannot bear at first even a direct reference to his condition or to any part of the process which is to relieve it, the instructor may introduce some topic apparently wholly unrelated to the subject of "treatment," trusting to the momentary self-forgetfulness and unconscious relaxation which usually follow the patient's interest in that topic to pave the way for a change of attitude.

My reply to a patient who had reached the point of herself asking me what was "indirect suggestion" will illustrate my meaning. I answered her:

"I avowedly want to get you quiet—your mind at ease and into a habit of thinking of other things than those about which you have been thinking—to the end that you may relax and coordinate properly and use all of your functions in a normal way so that you may

walk—for there is no physical reason why you should not walk. I want you to get into a habit of a hopeful and happy frame of mind. I want you to become a natural optimist so that you will begin to have a feeling of surety that sooner or later you are going to walk. I therefore have come to see you quite frequently, told you funny stories to make you laugh, presented you with a ukelele that you might become interested in playing it and in singing, and in other ways have buoyed you up.

“I have never once directly urged you to walk or to cut down your sleeping powders. I recognized that to speak of walking fretted you, and to speak of sleeping powders fretted you, and to the extent that you fretted you became tense, and to that extent we were going backwards. All of our work is for the purpose of getting you well; this is perfectly obvious to you and does not have to be spoken of. Your intelligent mind realizes that natural sleep is necessary for recovery from any nervous trouble; and natural sleep means breaking away from powders for one thing. Therefore, indirectly, the mere fact of my continuing to

come here suggests those things which we wish to bring about—walking and the cutting out of sleeping powders. There is nothing underhand about this indirect suggestion; we both of us know it is going on; we both of us know what I am here for; and I shall continue this method as long as it seems best.”

The patient often has a feeling of self-censure because he is not doing what he knows he should do,

By the time a person is recognized and classified as a “patient” he is often in such a condition of mind that he is unable to make a consistent and persistent effort in any one direction. His own conscience and often the attitude of his friends have urged him to continued attempts at activity; he has been striving to concentrate on some definite line of work without success; until through discouragement he has finally settled back into an attitude of laziness. The fact that he is physically doing nothing brings him no real rest, however, for—while he may defend his conduct to his friends and to himself—he is haunted, nevertheless, by a feeling of unhappy guilt because he realizes that he is not doing what he should.

This feeling is an important contributing factor in his general nervousness and disturbed

psychic condition, and it must be eliminated before he can yield himself fully to the treatment. It is my custom, in a condition of this kind, to tell the patient that he must do absolutely nothing for a week (or whatever period of time I think wise) and to insist upon this in spite of his declarations that he must work—that he must be active.

and this feeling must be eliminated at the beginning of the treatment.

Inasmuch as he has been accomplishing nothing anyway there is no harm in his continuing his inactivity a little longer; and there is a great mental and moral relief to him in the fact that he is told definitely that he must not even try to do anything. Now, for the first time since his illness, he is making his body and his mind do what he tells them to do. He is definitely and successfully doing something, although that "something" consists of doing nothing; and since he is doing this under instructions it is the thing which he ought to do, and his self-censure passes away. This interval of rest also gives an opportunity for necessary psychological and possibly medical work so that, after it, the patient can be brought gradually from definite inactivity into definite

activity until his tendencies to lack of concentration and action have disappeared entirely.

The aim of the treatment is to so help the patient to help himself that his reconstruction will be permanent,

As I always explain to the patient, I want him to learn and to accept for himself and to be able to apply to himself all that this treatment teaches. I can help him while he is with me, but I can only see him in half-hour periods for a limited number of meetings. He is with himself twenty-four hours a day, and my aim is to so help him to help himself that his reconstruction will be permanent.

and the patient's thorough understanding of the method is necessary to his future independence.

A certain type of mind will cooperate more or less blindly—that is with perfect confidence and willingness but with very little comprehension of what I am really doing; and this type very often shows a temporary response, sometimes covering a considerable period of time. But I have found that it is the intelligent cooperation which comes from a real grasp of the method that makes for permanent independence. The patient's ability to grasp and apply the new ideas depends largely upon his thorough understanding step by step of all that is done and said. Furthermore, points which he does not fully understand will inev-

itably disturb him; he will be sure to combat them—openly or silently—and in either case he will be hampered until the question in his mind is answered. It is important therefore in order to get the most complete response from the average person, that he have a full and careful explanation of each phase of his treatment as soon as possible, and that the instructor keep his explanations and exercises well within the patient's mental capacity, and that he gauge and keep pace with the speed of his understanding.

One point especially may cause trouble until the patient understands the situation fully. This is the necessity of working primarily, not upon the surface difficulty, but upon the condition behind it and upon the cause underlying this condition. I discovered in working with alcoholics that I was getting my best results when I frankly devoted all my explanations and comments to the conditions behind the physical act of taking a drink and spoke of alcohol only enough to indicate that I had an intelligent idea of its effect. In non-alcoholic neuroses I adopt the same method. I touch

He must, for instance, understand necessity of working primarily with condition underlying surface difficulties.

upon the things uppermost in the patient's mind only enough to satisfy him that I do not belittle his difficulty, and then I work upon the general condition behind that difficulty. But this procedure I always explain clearly to the patient; for unless I do, he may feel that I have failed to grasp and am not going to get at his particular trouble. Once the situation is clear to him, however, he will usually cooperate with me and will set his symptom aside for the moment and help me to analyze and remedy the underlying cause.

For example, a definite "fear" is in reality but a symptom of a general fear-condition,

Take, for instance, a definite "fear." This is in reality, I believe, a general fear condition revealing itself in this particular way. Suppose that a person is at some time extremely nervous and, although perhaps not conscious of it, is already in a condition of timidity. At this time he walks through an open space and the recognition of this feeling of timidity comes to him, either because it is ripe to come or because it is precipitated by some catastrophe that occurs before his eyes—a shooting affair or the breaking up of a mob, for instance. From this time on, this person is always conscious of hav-

ing, as he thinks, a definite "fear" of an open space, when it is really merely one revelation of a general fear-feeling which has become associated with open spaces.

Now if we work to eliminate the space-fear alone, we may remedy that particular out-cropping; but the underlying condition will still be there to crop out in some other way. My point is that, by working primarily to eliminate the general fear rather than the specific manifestation, we do away with the whole condition so that there is no fear to be focussed on open spaces, tunnels, audiences, or anything else.

It often happens, however, that the thought that he must do any work himself is terrifying to the patient at first. In such cases I drop for the moment the idea of explanation and assure him that, until he feels like it, he need do nothing for himself—that I will do it all; and I follow out for an interview or two the method of using dogmatic statements without explanation. Then as he improves I explain more fully and lead the patient into doing his part; and when he is strong enough, I call his attention to the fact that for some time he has

and by eliminating the general fear-condition we do away with the possibility of any specific manifestations.

Some patients, however, require freedom from personal responsibility at first.

really been doing the work. I show him then that, after all, complete recovery must be brought about by himself; but I assure him again that I will stand by until such recovery is accomplished. In this way the patient arrives just as surely at permanent reconstruction and independence, but he is saved the unnecessary tenseness from real terror or resentment at having too much expected of him.

IV

WITH the foregoing general points in mind to guide him in possible modifications of the treatment for each patient, the instructor begins the process of systematic mental refitting. This work usually falls, I have found, into definite psychological steps; but the varying circumstances, temperaments, and conditions of each individual must be dealt with here also. The treatment is a series of progressive interviews, each meeting growing out of the preceding meeting; but any arbitrary plan for fitting certain points into certain interviews or even any fixed rule for the order in which these points shall be attempted is quite impossible. With some persons one point can be made at each meeting; with others it may be necessary to devote several interviews to the taking of

Process of
mental
refitting
falls into
generally
definite
psycho-
logical
steps.

one step; with still others one interview may cover several steps. I have in some instances even seen the complete change wrought by one long session into which the whole process of instruction was crowded.

Patient's attention must be caught and then developed—through interest, curiosity, and desire—into co-operation.

The patient's attention must first be caught temporarily and his thoughts diverted from their habitual channels. Then a certain amount of interest and curiosity can be aroused by means of the new ideas which the instructor offers him. This interest and curiosity must then, in turn, be deepened into a desire on the patient's part to try out these new ideas and to prove them true; and the natural evolution of this desire will be his complete cooperation with the instructor.

The first contact should establish favorable reaction of patient towards instructor.

But if he hopes ever to get the kind of attention which will lead to reconstruction, the instructor must arouse on the part of the patient a sub-conscious, or conscious, reaction which is favorable to him personally; and the moment to establish such a reaction is when he makes his first contact with the patient. This is the time, more than any other perhaps, when the latter should be convinced of the instructor's

personal interest in his welfare. To this end I endeavor to make my reception cordial, unhurried, strong, and keenly interested. It is, I feel, important that the instructor should so cultivate the habit of thinking only of the person before him that each patient will feel a perfect confidence in his undivided attention and interest.

Furthermore, the instructor should acquire the patient's inner and deeper attention at this first meeting. So often we think, because a person is physically present, gazing at us and listening to us or even answering questions, that we have his attention, when subsequent events show quite the contrary. It is the mental and not the physical attention that we want, for it is only through this that any active and permanent interest can be aroused.

An unexpected manner of approach does much to secure this kind of attention at the outset. Take, for instance, a person accustomed to harsh treatment and harangue and criticism who is unconsciously expecting censure from me. To this man I show a quality of personal kindness and attention such as he has

Also the patient's whole attention should be acquired at the outset.

An unexpected manner of approach helps to secure this attention,

never thought of; and as I explain to him how natural it was that he should have acquired the particular habits that are causing his trouble, I try to make him feel an understanding and a sincere sympathy on my part. On the other hand, with the successful man who is accustomed to dominate his office, his home, and his associates and who because of his position expects servility and soft words, I deal roughly. I analyze this man point by point, showing him exactly what are his shortcomings and why they are largely his own fault and how, in his present attitude of mind, he is a useless member of society.

and it also
tends to
establish
the
patient's
confidence
in the
instructor.

With either type this approach so surprises the patient that for the moment it disconnects his thoughts from whatever subjects have been obsessing them; and in this way we get an effective hold on his attention. At the same time it tends to establish a footing of confidence between patient and instructor. In one case the unaccustomed kindness and sympathy create this feeling at once; while in the other the unexpected severity, even though it arouses the patient's anger at first, commands a respect on

his part for the instructor's honesty of purpose and so contributes eventually to the same end.

The patient will very likely show at the outset a tendency to take the situation and run away with it; but of course he must never be allowed to do this. On the other hand, he must not feel that the instructor is doing it either, for if he gets this latter feeling he combats every suggestion—even the most obvious truth—or he readjusts his mental process to what he thinks the instructor would like it to be. Any of these attitudes is false and does not create the proper appetite in the sick man's mind for a true analysis of his trouble. Therefore, in spite of the fact that we want the patient to recognize his right to think for himself and his obligation eventually to conduct his life according to his own ideas, it is better if he can be brought to have a mental leaning towards the instructor during the treatment so that he will have the tendency to accept his leadership regarding matters in which he needs guidance.

It may seem best to have the patient begin talking at once; but usually I find that, just as

Neither
patient
nor
instructor
should
run away
with the
situation

Instructor
begins con-
versation
as would
a host.

a host or hostess puts a guest at ease on his entrance into the room, so the instructor should put his patient at ease by beginning the conversation. In this way he can also establish the tone of this and future interviews and begin at once to make headway towards readjustment.

For instance, after an exchange of a few commonplace remarks I usually begin somewhat as follows:

"You are not feeling very well, are you? (Let the patient answer.) You have made a good many explanations to yourself and have had a good many made to you as to what *may be* the matter with you. But what you want to know is what really *is* the matter, don't you? (Let the patient answer.) It is up to you and me to find that out. We, you and I, have got to analyze *you*. I do not mean criticise; I mean analyze you—dissect you—so that we may get at the exact truth. You will act in a double capacity; you are to be patient and physician at the same time. What you and I want is to get you well. If we can get you free from fear, nervousness, depression, tenseness (name

other negatives, including his well-known symptoms), we can give you peace of mind—and peace of mind will do wonders.”

I purposely ask an occasional question to make sure that the patient is blending with and following my line of thought. It is necessary, moreover, in order to establish his confidence in the instructor's understanding of his difficulty, to let him rehearse his own idea of his condition quite fully. I avoid here expressing anything in the nature of a definite diagnosis, for in my opinion a psychological diagnosis at this period is a pure guess and if subsequent events prove one's guess to have been wrong the patient's faith is shattered irrevocably. It is well however to tell the patient at this time that, whatever may be his particular trouble, he may reasonably expect to get well, and then to explain to him how he and the instructor are to study out together certain fundamental psychological laws, the knowledge of which will enable them to get to the bottom of that trouble.

When once he sees that he has the patient's real confidence, the instructor may begin the

He gives patient opportunity to rehearse symptoms.

Once
sure of
patient's
confidence
in him,
instructor
may begin
the ques-
tioning
necessary
for an
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of the
difficulty.

questioning which is necessary for an intelligent analysis of the difficulty. This point of confidence may be reached in the first interview, or it may be necessary to wait for several meetings; but the instructor must be perfectly sure of this feeling on the part of the patient before he begins to question him, for without it the patient is going to answer to satisfy his idea of expediency and not his idea of truth.

When I feel sure that we are ready, I begin with something on this order:

"We have all heard of mind-reading. I do not know any one who can use it; at all events I cannot. But I must know what is going through your mind and what has been going through it in order to help you. If I were a mind-reader I would not bother you; as it is, I must rely on you to tell me what I cannot read. There is plenty of time and I will help you at first with questions. Remember these interviews are confidential and mutually so. Before we get through I shall have to reveal as much about myself as you do about yourself. Now tell me, for instance, what you are thinking of at this moment."

It usually takes some time to get the patient to state exactly what he is thinking of at that given moment. But after he has acquired the ability to so focus and express in words his present thoughts, I lead him through the same mental exercise to his thoughts of a few hours before, then to a few days before, then back a few weeks, then a few months, then a few years, and so back to his earliest memories.

This exercise tends to train the patient's mind to respond to questioning and to cooperate in the method. It develops a flexibility and a certain facility of memory which enable him to think back more clearly and to remember more easily the happenings and mental conflicts of childhood so that in this way he can do his part in his own analysis. Also it contributes effectively to attracting and holding his attention. He concentrates upon his own thoughts from a new angle; he watches his own mental process impersonally, for perhaps the first time; and quite unconsciously he is interested, for the moment at least, in this rather than in the thoughts he has been dwelling on.

He leads the patient back to his earliest memories.

This exercise trains the patient to co-operate in analysis and interests him.

Patient's
and in-
structor's
minds
must be
working
at the
same
speed.

Now before patient and instructor can work together at all effectively the patient must be somewhat relaxed physically and mentally, and their two minds must be working at the same speed. The patient's thoughts will probably at first be either racing or lagging. As he has the sick mind he cannot be expected to take the initiative in making an adjustment to the instructor's speed, so the instructor must be the mental acrobat and do the adjusting. If the patient's mind is working slowly, he must adapt his own mental pace to the sick mind until he can bring that up to normal. Or in the opposite case, he must catch the speed of the patient's mind and slowly bring it down and direct it in its course as a mounted police might seize and direct and bring to a quiet walk a runaway horse.

Exercise
to slow
down
racing
thoughts
described.

When I find the racing mind, I use the following exercise to relieve it. I begin in a conversational manner, as I do every interview, asking questions and receiving answers for the purpose of reviving the atmosphere and attitude which have been gained in our previous

meetings. Then I lead the conversation naturally into something like this:

"Before we take up any new matters, let us see if we cannot get your thoughts quiet. Let that brain work a little slower—rest your head against the back of the chair—and close your eyes. Now put out of your mind all thoughts of anything outside of this room for two minutes by the watch. I will keep time. You cannot make any real plans in two minutes. You cannot get out of trouble or into trouble in here in two minutes. Nothing will happen to you in these two minutes but rest. So just stop thinking of anything outside this room, and get your thoughts down between you and me. (Slight pause.) I will tell you when the two minutes begin and end. (Pause.) To stop your brain racing we shall handle it as we should any rapidly moving object, starting with it at the speed it is going and gradually pulling it down slower and slower. Now we will start the two-minute period, and for our rapidly moving object we will think of a boat.

"Get the picture in your mind of sailing rap-

idly down a harbor on a beautiful summer day, with a stiff breeze. We are going towards an island in the distance—an island with a hill and trees. We are flying over the waves—the spray is dashing over the bow—the boat keeling to the wind. Now we overtake the boat ahead—now we are passing it—leaving it astern. We are still going towards the island—the spray dashing over the bow. Now we are overtaking the next boat—now passing it—now leaving it astern. Now there are no boats between us and the island, and we are still going on towards that island faster and faster and faster.

“Now we are coming around a point of land under the lee, where the wind is less, and the waves are less, and the boat is going less rapidly—less rapidly—and less rapidly; and the farther and farther and farther under the lee we go, the less rapidly and less rapidly the boat is moving. Now we are coming around another point of land into a miniature harbor that is protected by the hill and the trees, and there is no wind, and there are no waves. We lower the sail, and the boat is coming slowly in under its own mo-

mentum—slower—and slower—and slower—and — now — it — is — barely — moving. We throw over the anchor—the boat slowly comes about, and we are at anchor—and at rest—and at peace — and — we — take — a — long — sigh—of—mental contentment. (Pause.)

“We get out of the big boat into the little boat—and skull ashore—and pull the little boat up behind us on the beach—and go over under the shadow of the trees—and lie down upon the soft ground beneath. There you rest—completely relaxed—shoulders and spine and all—and quietly watch the birds in the nest above you and the clouds in the sky beyond.”

If this exercise is successful the patient is fairly quiet, and I explain that I wish him to use this same picture between now and our next interview whenever his mind shows a tendency to race. I now explain that I do not ask him to believe in this method of treatment, but I do ask him to be sure that he does not disbelieve, and I want him to note the coincidence that to some degree—even after this short exercise—there is less nervousness, and fear and depression are less acute. I explain

Explanation of this exercise as given to the patient.

further that after all I am simply carrying out with adults the method which all mothers intuitively use with their frightened babies. A mother puts her child's body at rest by taking it in her arms; she quiets its mind by saying "csh—csh—csh—csh"; and when the child is fairly quiet, she changes its point of attention by supplying a new interest in, for instance, the birds building their nest outside the window. In our exercise the body is at rest in the chair; the picture of the boat journey takes the place of the "csh"; and the island ahead where we eventually arrive and rest changes and holds the patient's point of attention by furnishing for the time being a new interest.

Any such story indirectly relaxes the patient and interests him.

Any story such as this boat story is in itself one effective method of indirectly relaxing the patient. The man with racing thoughts is not usually ready for a direct relaxing exercise; but in listening to the instructor's voice and in following the description he is giving the patient forgets himself to some extent and accordingly lets go his tenseness to that extent. Also the fact that his racing thoughts can be

quieted and the simple explanation of how this is done are of distinct interest to him.

Discussions on matters the patient has been mulling over do not have any real interest for him. They hold his attention, and he will talk or think of them incessantly; but no deep interest sufficient to change his quality of thought can be aroused by any angle given to these old ideas. So the instructor, while he speaks of them sufficiently to satisfy the patient that he knows what the latter is worrying about, must lead him away as dexterously as is possible from this "vicious circle of neurasthenia." He must frankly change the patient's point of attention and then illuminate the new point which he offers him so that it becomes a matter of pertinent and absorbing interest.

The direct relaxing exercise is a method which I have found successful in accomplishing just this purpose. The experience of relaxing constitutes in itself a telling factor of the new interest; the new ideas which the patient is given during this exercise fill his thought for the moment; and together they render his mind receptive to further illumination.

Patient must be given a new interest sufficient to eventually absorb all his thought.

Relaxing exercise and new ideas which are a part of it serve this purpose.

For this exercise I proceed practically as follows:

"Now a little later I am going to take up with you more fully these matters that you are speaking of (calling them by name); but for the moment I want to speak of other matters, which may seem to you irrelevant but which, later on, you will find do in reality cross-section your difficulties.

"You know I can go to sleep to-night at ten o'clock and wake to-morrow morning at half-past four, or half-past five, or a quarter-past six, just as I wish. If you cannot do this yourself, you have known some one who could. Now what does this mean? It means that six and a half hours or seven and a quarter hours after we have told our body to do a certain thing, that body, without any conscious volition on our part, will proceed to carry out the instructions given it some hours before.

"We have applied this principle to what we call 'waking up.' If it will act in waking up it is reasonable to suppose that the same quality of mental attitude which will make the body open its eyes may create some other in-

voluntary reaction, and if it will do this we are perhaps working with a definite function which we have never considered before, and it may be of great value to develop such a power to a point of practical application.

“We know that swimming is ‘all in the head.’ That is to say,—when a man thinks he can swim he swims, and when he thinks he cannot he sinks. By a certain quality of thought, therefore, he starts some causation which either floats or sinks his own weight. We know, too, that a certain kind of thought will chase the blood to the face and another kind of thought will take the blood out of the face. Or let one be as hungry as may be and let a sudden, shocking, disagreeable thought come into his mind, and his appetite immediately vanishes and a condition of nervousness is noticed. This nervousness, therefore, has been induced by a certain quality of thought. If a certain quality of thought will *induce* nervousness, it is reasonable to assume that a certain quality of thought will *reduce* nervousness; and if these and other phenomena can happen unintentionally, it is also reasonable to experiment to see

if they can be deliberately induced. This, from now on, is what we want to practice doing.

“Now clinch your fist. (Pause.) You realize that it is clinched because you thought it clinched. Now think your arm straightened out and rigid; now think your fist relaxed—your wrist relaxed—and your arm relaxed. Were you not conscious, as you changed from the tense to relaxed muscles, of a different feeling in your mind also—a different quality of thought? Now think your shoulders tense; now think them relaxed; now think your spine tense; now think it relaxed all the way down. It is no more of a phenomenon for your spine to relax all the way down in response to thought than it is for your arm to stiffen in response to thought.

“I was talking to a friend of mine some time ago. He lives in Tacoma, Washington; is forty-three years old; has a wife and three children. He has always been liked by every one; all the people in the neighborhood have gone to him for advice; he will put himself out for any one, is generous to a fault, and is always cheerful and confident although he was

in debt for years. For the last five years, however, he has made good in business; he has paid off his indebtedness and now has money in the bank, owns property, has an automobile, and is able to give his family all they need. People still turn to him for advice, and he is able to help them more than ever. Every one wants him around; he is a good singer, a good mixer, and a generally good fellow.

“You have now a pretty good idea what kind of a fellow this is, haven’t you? (‘Yes,’ is usually the answer.) Yet you have not thought whether he is tall or thin, bald or with flowing hair, has blue eyes or brown—in fact, you have not thought of the physical man at all, have you? (The patient invariably answers, ‘No.’) Still you have a definite idea of the man? (‘Yes.’) I am giving this example to illustrate to you how, when we think of a person who is described to us, we just naturally think of something else besides the chemicals of flesh and blood called body.

“It is this other thing—different from the body—which is sick with you, and it makes the body sick. This thing which I have in

When we hear a person described, we think naturally of something other than the physical body,

and this
something
should
control
both that
body and
the mind.

mind—this life force—or psychic force—or personality—or whatever name you wish to give it—is the *you* which by right of eminent domain should control your body and your mind but which, for causes we are trying to locate, has lost its position of control in your life.

To restore
this control
we want
to induce
relaxation.

“To restore this control we want to induce a condition of physical and mental relaxation. Under this relaxation, physical conditions will be relegated automatically to the outer rim of your consciousness so that the realization of your personality may take the center and you may again direct your body and your mind normally and effectively.

“Now do not forget that this power we are after is you. It is you who make the arm move in the air. It is you who make the body get up and sit down. It is you who make the feet walk. It is you who make the thoughts go to the floor, the ceiling, or the window. It is you who control the body and control the mind, for the moment at least; and if you can do this for the moment, you can cultivate this momentary power so that it will become permanent

and automatic. Now your body and mind are all tied up in a knot, and we want them to be untied; so I am going to show you how to untie or relax them. We will take a little exercise in relaxing now.

“Rest where you are and close your eyes so that you can quietly hold your thoughts on what we are going to do. Now just think your shoulders relaxed—don’t think them stiffened—think them relaxed; and your responsibility is over when you have thought of your shoulders as relaxed. Now think of your spine as relaxed—from the back of your neck all the way down—think of it as being relaxed. Think of the muscles of the back and of the chest and of the abdomen—as being relaxed—and the legs all the way down—relaxed—and the ankles, and the feet, and the toes, even—move the toes and feel that they are relaxed. Now think of the arms—all the way down—as relaxed—and the wrists and hands and fingers—and now the cords of the back of the neck and the throat—the jaw muscles—(don’t clinch the teeth)—the face—and the forehead—and the mind. Just let the thoughts drop as if they

Instructions in
relaxing.

were feathers floating down—down—down. (Pause.) Just let the chair (or bed) hold you up (pause) and now (pause) rest.”

Effect of
relaxation
as
explained
to the
patient,

When I am sure that the patient is really quiet, I explain the effect of relaxation to him in this way:

“Your nervousness is less just to the extent that you are now relaxed, and the same is true of your fear and depression. It is not that you think these feelings are less or that you are credulous and believe they are less because I say so. Under this relaxation you are functioning more normally in every way, and the more normal you get the more nervousness and fear and worry and irritability pass away. You do not just think that you slept last night; you did sleep last night. Sleep is a phenomenon that follows a certain attitude of mind and body, and so it is with the phenomenon following an attitude of relaxation. As relaxation progresses, tenseness is released and nervousness and fear and worry begin to pass away.”

and instructions for
using this
exercise.

Following this explanation, I instruct the patient to carry out this simple method of relaxation when he goes to sleep at night and

when he awakens in the morning and at times during the day if he feels tense and nervous. I warn him not to overdo this exercise, however, for I have found from experience that patients sometimes become so interested at first that they work the exercises over-time with the natural reaction of soon becoming bored.

As soon as possible, sometimes at the beginning of the treatment, I begin to combine with the personal interviews a line of simple reading which is so chosen that the "man of the street" may understand it and benefit by it. I use also the method of having the patient write down, for five minutes at a given hour each day, his exact thoughts. I explain to him that he is not to write what he thinks I would like to have but what he is really thinking of at that time—whether it be of drink or sex or music or murder. I feel that it is important, in order to get at just what is in his mind, that he should be assured that his daily writing will be destroyed immediately after the instructor has read it. This diary method enables the instructor to become familiar with the patient's mental process—with the reasons prompting

Reading
and daily
record of
thoughts
supplement
personal
interviews.

his philosophy, and it often brings out many hidden and important thoughts. It also enables him to learn the patient's mental language, as it were, so that he can make himself better understood.

V.

WHEN we have brought the patient to the point where he really wants to get well, there is usually such a blending and understanding between him and the instructor that they are working as one. The patient is not only interested and willing to cooperate; he is eager to learn and to practice more of this method in the hope of securing permanent results. He believes now, because of the actual results of the meetings so far, that he will entirely recover his health and normality; and this confidence has diffused his whole mind with hope—has colored every thought with new light. His values on life are beginning to be readjusted; new desires are coming into play; and he is changing from a pessimist to an optimist.

Subsequent interviews are for the purpose of

Instructor
and
patient
are
eventually
working
as one.

Patient
becomes
eager

and
hopeful.

deepening and extending and making permanent these changes; and they should cover a period of a year—the intervals between them being extended as time goes on.

He learns
to dis-
tinguish
true from
false
thinking.

An important indication of the patient's recovery, which is revealed in his daily notes and in his conversation as these interviews progress, is the improvement in his thinking process. He comes gradually to distinguish almost unconsciously between true and false thinking, until he learns to recognize any reasoning which does not ring true so promptly that his old "false philosophy" is in evidence less and less frequently.

Gradually he learns his true relation to the forces of life, and so he comes to realize that now he can become in reality whatever he has hoped in the most idealistic moments of his youth. He knows that he is in fact "the captain of his soul," and in a new self-confidence—in the glorious certainty that he need never fail again—he finds perfect freedom and happiness.

ILLUSTRATIVE CASES

ILLUSTRATIVE CASES

COMMENT

IN the previous pages I have discussed my observations and methods from the angle of successful reactions only, because it is almost entirely upon these that my ideas are based. Unsuccessful cases, of which there have been nearly one-third, are purposely dismissed with the following recognition and classification.

In my experience the educational value of failures has been almost *nil*. Very little reliable information can be gleaned from the unsuccessful case. He is seen only when he comes back at periods of remorse or depres-

sion; and practically all our knowledge of his reactions must come from his own statements, which may or may not be true.

It is easy to see in medicine or surgery how much constructive knowledge may be gained through mistakes; but in this work we are dealing with a much more elusive proposition, and I have found that a method which fails with one patient is not at all sure to fail with the next. Because one man does not respond to a given procedure in this work is no sign that that procedure may not be worth trying with the next man. On the other hand, certain methods have always been found to bring favorable results; and every favorable reaction is worth noting, because any method which has worked successfully with one individual has a chance of proving effective with another.

The reason for failure is in every case the same. I fail when I am unable to get a man's attention sufficiently to impress upon him the need for prompt relaxation and for the immediate elimination of wrong tendencies at their very inception. No one can learn to help himself to complete a permanent recovery un-

til he realizes that his waves of drinking or depression or irritation, or whatever the condition may be, begin with and grow out of a barely perceptible tenseness and its resulting tendency to a negative condition and that these waves can be avoided only through promptly relaxing that tenseness and dispelling that tendency.

I fail to get this necessary attention either because the patient has an innate lack of desire to change his life and ideas and no spiritual element out of which to build such a desire, or because he has an actual mental defect, or because his illness is so deep-seated and his spiritual side so buried that the stimulus dynamic enough to reach and arouse him or the time and personal attention necessary to get through to him have been lacking.

The first classes I have found hopeless. The last—the hard-shelled type—has suggested no practical constructive method. The possibility of success through the described method would call for such constant personal attention and authority that it would become impracticable if one considered taking any other patient.

The successful case, however, is under close observation, and his mental process and reactions can be watched at first hand. Thus it has been through successful cases that I have learned most, and it is in these only that the workings of the treatment are really demonstrated. Therefore, in the following report, which is intended to illustrate the application of the method in individual cases of different types, I have described successful cases only.

THE CASE OF A

THE A's, a man, wife, and two children, had been sustained for several years by a well-known relief organization which, because of the native intelligence of the man and the brave struggle of the wife, had made vigorous though futile attempts to put him on his feet and prevent the breaking up of the family.

A. had seen actual service in the Spanish War and had been wounded in action. He returned a hero and became the center of attraction to his many friends who gathered about him at the bar and at the table to hear his experiences and to show their appreciation by treating him. For two years or more this idle, drinking life continued, leaving A. an alcoholic and his family a burden, first on the battery to which he belonged, next on his

friends and acquaintances, and finally upon charity.

The long-suffering Relief Organization at last decided that the situation was no longer tenable; but before taking definite action to arrange the final break, asked me if I would disregard my rule and call upon A., as he could not be induced to come to me.

We met on neutral ground—at a settlement house. He told me afterwards that his only reason for coming was to give me “a strong touch” for twenty dollars.

When we were alone, I said to him:

“You know what this meeting is for, and I suppose you expect me to ask you to promise to give up drinking, to sign a pledge, or something of that sort. I may discuss drinking with you some time, but not to-night. What I want to call to your attention to-night is that you are tied up in a knot—physically and mentally. You are worried; you cannot sleep, cannot concentrate, could not hold a job if you had one, and for that reason really do not want one. You are sore with yourself and with the world; you have lost confidence in yourself,

and therefore you have lost confidence in humanity; and there are a lot of other things the matter with you that you do not know about.

"If you were going to teach a child to swim, you would not, if you were wise, continue while the child was rigid from fear or from any kind of protest. In my opinion it is just as unwise to try to teach an adult who is physically rigid from fear or protest to swim or to do anything else.

"Every one is a potential teacher. Your little boy could teach me where you live. You could teach me something about the conditions among soldiers under fire. You could teach me a good many interesting ways of the East Side—about the dangerous dives and about the sporty places. I don't imagine there is much about the East Side that you do not know. You can teach me these things, and still you do not pretend to know it all; and so I have a few things I can teach you, but I do not pretend to know it all.

"What I wish to teach you is to how to let go your tense physical, mental, and nervous conditions—how to let these conditions pass

away from you that your efficiency may increase and logical success and happiness follow. I want to show you how to relax without becoming limp. You may think you know how to relax; but you probably do not. There is not one person in a hundred who knows anything about it until he is shown.

"Do not be afraid that this relaxing exercise will take us away from your main difficulties. We shall reach them, but not merely for the purpose of helping them temporarily. We are going to dispel them forever; and we shall not be in a position to carry this out until you have learned what relaxing is. Do you care to try this relaxing? You need not unless you wish to."

The reply was, "Yes."

"All right. Get into an easy position with both feet on the floor. Let your arms rest on the arms of the chair and rest your head back. Close your eyes so that your thoughts will not wander and put out of your mind all thoughts of anything outside of this room. (Pause.)

"Now bear in mind that your arms and legs

and body move in response to thought. You think of your arm as stiffened, and it stiffens. Your body gets up and sits down according to your thought. If you tell your feet to walk, they do so. If you tell your thoughts to go to the floor or the ceiling or the window, they do so. If you tell your shoulders to become rigid, they do so; and if you tell your spine to become relaxed, it obeys you. It is no more of a phenomenon for your spine to relax all the way down in response to a thought than it is for your arm to stiffen all the way down.

“Now think of your shoulders as stiffened, for instance; now think of them as relaxed. Now think of your spine as relaxed all the way down—the muscles of the back relaxed. Now think of the muscles of the chest and of the abdomen as being relaxed—and the legs all the way down—and the ankles—relaxed—and the feet—relaxed. Think of the arms all the way down—the wrists—the hands—and fingers—relaxed—just as if the cells of the body were opening out. Think of the cords in the back of the neck as relaxed. Your responsi-

bility is over when you think of them as relaxed.

"You of course will not suddenly relax the first time, but you will get some effect. Now think of the throat as relaxed—and the jaw muscles—and the face and the forehead—relaxed. Don't clinch the teeth—let the tongue lie quietly on the floor of the mouth. Now let the thoughts just drop as if they were grain falling down through a hopper (pause) and now rest—and listen to me.

"If your thoughts wander off from what I am saying, bring them back quietly to the main road as you would bring back sheep you were driving if they wandered from the path. You would not violently rush them back. So with your thoughts—don't bother if they seem to wander a little—simply guide them quietly back.

"Before you get through this evening, your nervousness and depression will be a great deal less and you will have learned of new laws which will certainly arouse your interest—laws which may be of practical use this very night. We shall deliberately work with the power

which enables a person by assuming a certain mental attitude to dictate to his body that it shall wake at a given time the following morning and causes the body to obey directions later without any conscious volition on the part of the person. I can wake any time I wish by arranging for it in my mind the night before. If you cannot awaken in this manner, you know other people who can and therefore know it to be a fact that this can be done.

“Now if the body will respond to the instruction of ‘waking up,’ as we call it, it is reasonable to believe that if the same mental attitude is assumed it will respond to other instructions. If this proves to be the case, it is also reasonable to believe that we may possibly be working with a function which we have not consciously recognized before. We all know that by assuming a certain mental attitude we are able to swim. The man weighing two hundred pounds thinks he can swim, and he swims; he thinks he will sink, and he sinks. Two hundred pounds is floated or sunk by a certain quality of thought. This is a point that we will take up at some future time and investigate.

"What I want to demonstrate to you to-night is this,—that by thought you have relaxed your body and mind. You have relaxed your shoulders, your legs, ankles, feet—your arms and wrists, hands and fingers—the cords in your neck and throat, your jaw muscles, your face, and forehead—and your thoughts. Just let go. Now you have relaxed or let go your physical and mental self with the result that your tenseness is less; and to the extent that you have released that tenseness, to that extent you are coordinating more normally. Your blood is circulating more freely; your brain is working more normally; fear and depression, irritability, and nervousness in general are passing away.

"It is not that you think these feelings are passing away; they are passing. It is the phenomenon that follows relaxation just as the phenomenon of sleep follows a certain attitude of mind and body. It is not that you think that you slept last night; you did sleep last night; and it is equally true that your nervousness is actually passing away. To whatever extent you are now relaxed, to the same extent

nervousness is passing away. It is not that you are credulous and that I am making an arbitrary statement which you accept. Results will show that you are less nervous and that the brood of troubles from nervousness will be distinctly less.

“I want you to note as a coincidence that tonight you will sleep better than you have been sleeping and that to-morrow you will be more hopeful and freer from all these negatives. I am calling your attention to these things that you may note the coincidence of their coming true. They would be true whether I called your attention to them or not; but the calling of your attention to them is for the purpose of giving you confidence in this method, that we may proceed to further steps to the end that not only will all desire for drink pass away but you will have found a new method of conducting life's battle.

“Because you have recognized a new function, or another sense perhaps, you will have a hope that you can handle life instead of having life handle you. If you sense this idea yourself—and you will if you are sure you are

getting the results I predict from this method—then you are going to have a new confidence in yourself; and that very confidence is going to build efficiency; efficiency is going to build success; and success is going to result in happiness enveloping you. For one never obtains happiness by going after it; happiness comes to us—envelops us. Happiness is a state of mind.

“To exercise this method properly we must change your point of attention from those things on which it has been riveted to this newly discovered function. What we wish to induce is a craving on your part to work, a craving to be sober, a craving to live a respectable, successful, and happy life. This craving must be as definite as thirst.

“You are at present expressing your impulses; and we wish you to continue to do so. We are not seeking suppression, but expression; for it is only through expression that a man can be free and can develop his efficiency and his life. There are impulses that a man obviously should not continue to express; but to concentrate upon those impulses for the purpose of suppressing them only increases their

activity. Surely the thing to do is to fill the mind with thoughts that can be expressed without calamity.

“One of the children in our family was sitting in front of the open fire in his nightgown just before going to bed. He murmured, starting in a low voice, ‘My knees are hot—my knees are hot—my knees are hot.’ Each time he said this more quickly and louder until his voice had reached a shriek and the tears were rolling down his face. Even the other children were impressed with his folly in not changing the condition which was causing his distress instead of holding his position and trying to suppress the reaction. Now that in a sense is the matter with you. Your knees are hot, and you are still sitting up against the fire.

“I do not wish to impress you with a desire to stop anything; but I do wish to see you build up and bring about in yourself a new set of impulses, which will keep you so active in another direction and make you so successful that your present impulses will seem like counterfeit money. Then when the counterfeit impulses have been revealed to you as such, they

will take their proper place and drop away out of your life. There will be no fighting temptation. No man ever fought temptation and won; the only way to win is to have no temptation, and the way to have no temptation is to 'resist not evil.' Don't waste time resisting; use your energies in thinking along new lines. Your old philosophy and wisdom have proved a failure.

"Now rest for a few moments in silence. Let yourself relax once more—from the top of the head right down all over the body—and realize that it is you who control the body and control the thoughts; for the body gets up and sits down and the arms and legs move at your bidding, and the thoughts go to the floor or the ceiling or the window at your bidding. You control the body and you control the thoughts for the moment, and if this control can exist for the moment it can be made to become perpetual.

"If so far these things interest you, think of to-morrow as a beginning—the first day of a new study, which, if this new study proves to

be what I say it is, will be the first day of a new life. (Pause.) Now rest."

Here I allowed two minutes of silence, and after the silent period I said to him:

"If you have gotten anything out of this interview we will not weaken it by talking it over now. I will go with you so that I may know where you live and call at your own house to-morrow night."

On the way home we said very little. I instructed him not to talk much to the family but to go right to bed.

At the second interview, on the following night, I called upon him in his three rooms back in the sixth story of an East Side tenement. He reported that he had gone to sleep the night before in a remarkably short time and had had the best night's sleep for years; that he was so much calmer through the day and so much freer from irritability that he could hardly attribute the condition to coincidence; and that he had had no desire for drink—which might be a coincidence, as he had not felt like going out but had stayed in the house all day and had done a lot of thinking.

After some talk I decided to have him go to bed and repeat the exercise of the previous night in bed. While A. was preparing for bed I talked with the wife, who of course was dumbly discouraged, had no confidence in his ability or desire to reform, no confidence in my method—which I outlined quickly—and no confidence in me.

I explained to her how the Chinese had plays that ran for days at a time and drew a picture of the actors practically living their assumed characters during the entire period. I asked her—as things could not be worse—if she would make believe for two weeks that we were in a play and that she was an actress. In the play the husband had been sick; the delirium of sickness had passed away; and he was now convalescing. He was supposed not to remember any of the events of the past and therefore was not to be censured for the past nor urged to take actions for the future. (I wished his actions to come quietly from himself, and hoped to avoid friction which would throw the mind back into chaos.)

She thought all this sounded very silly and

very foolish. She did not see why a man should be let off for his misdeeds without having a good talking to and be petted just because he was a loafer and a drunkard. Besides, there had been a number of other people who had "prayed" with him and tried to reform him in this same way. She thought if he could be sent away and be made to work good and hard and the money sent to her it would be better. What he really needed was somebody to come along and give him a good stiff licking.

However, I finally induced her to be the leading lady in my play. And I want to say here that she was a success; in fact, she filled the rôle to perfection and has from that day to this—six years and more.

After a little further talk with A., in which it was revealed that on the following day the landlord was to make vigorous demands and present just ultimatums, I repeated the exercises of the night before. After getting him to relax and summing up the points that had been made, I showed him how it was possible not only to relax the body and the mind but also to relax a tense situation.

The landlord would come the following day with a tone and manner supposed to be a sure receipt for getting blood out of a stone. A. was not to listen in detail to what he would say, but was to think back to the night before and the effect of relaxing upon his (A.'s) body and mind. This would give him a memory of relaxation if not the actual feeling; and if only the memory, the effect upon him would be one of calmness. This would allow him to reply to the landlord calmly, which in turn would have a calming effect upon the latter. Passion and tenseness would be eliminated from the situation. The subject under discussion would then be whether the landlord felt there was a possibility of A.'s getting work and paying the overdue rent. There would be no conflict.

The following night I called again. The result with the landlord was what had been predicted. At first the calmness made him madder than ever; he took it for insolence. But A. had himself in an attitude of real and not assumed calmness and therefore did not consider it beneath him to explain that he had started on a campaign of calmness, giving his

reasons why and what he expected the result to be. The landlord's reaction was all that was looked for; an extension of time was granted, and a friendly hope of success was expressed.

This third interview was a summing up of the two previous ones. We went over the difficulties in the situation, bringing out psychological points that had developed. We frankly accepted the fact that these points might very possibly be coincidences; but we noted however that there had been good sleep, a reviving appetite, practically no nervousness, no irritability, and still no desire for drink, and that there was a dawning feeling that it was possible for one to have a quiet, hopeful, and even happy mind in the face of unhappy conditions, and that this attitude of mind seemed to bring about a vision of ways and means of eliminating such negative conditions.

"If all of this is really true," queried A., "why won't it go further, and not only energize a man so that he will unearth a job but build up in him qualities that will create efficiency to hold and improve the job? But one thing," he said, "I am sure of. I shall never take another

drink, for I shall never want to. Discouragement, depression, unhappiness, and all the things I formerly took a drink for, I can eliminate with this new idea."

The six years that have passed have proved that he was right.

It was very interesting to see how he utilized this new idea in his work. This was Thursday night; on Monday A. had a job at twelve dollars a week. At half-past three that afternoon he realized with a shock that he had been looking at the clock for half an hour wondering if the time to close would never come. This involuntary attitude on his part he recognized as a familiar one and realized that it must be eliminated. That night he relaxed and "suggested" to himself that on the following day he would have an actual craving for his work; and the result, or coincidence, was that this habit of watching the clock disappeared never to return. As he expressed it, it was like putting a pin into a toy balloon.

The next obstacle was the overcoming of irritability. His employer, who was himself irritable, would arouse A.'s anger, and while

he never answered back, it was by a mighty effort. The blood was in his head; the bitterness of thought had an actually sickening reaction; and he realized that this was suppression. By the now familiar method he pursued this condition and almost immediately acquired the ability to relax to the situation when the employer began his tirades. He had the satisfaction before the end of the week of having the employer say, "You are doing your work well; don't take my gruff way too seriously; my bark is worse than my bite," and of finding in his pay-envelope on Saturday fifteen dollars instead of twelve.

A. is still working out this method. He is now at the head of an accounting department for a very large organization. He is receiving a salary of over four thousand a year. There have been some sickness, surgical operations, and other difficulties of life to meet; but they have all been met calmly and strongly. The whole family now are living in proper quarters and environment and are healthy and happy.

THE CASES OF B. AND C.

B. was thirty-eight years old, married, no children, an architect. He had been drinking since he was seventeen or eighteen. As usual, he first took beer to see what it tasted like; then took enough to get a "whiz;" then, at about twenty, increased the "whiz" by whisky. The "whizzes" themselves multiplied on ever increasing occasions, such as Saturday nights and celebrating the getting of good jobs, the winning of bets, and so forth,—until now he was intoxicated practically all the time.

His wife succeeded in having him sober up sufficiently to come and see me. His attitude was very friendly; he was frank about his drinking and also about his bewilderment at the results. This bewilderment proved to me that it was impossible for him to give up drink-

ing without help, for while he had always felt that he could stop whenever he wished, actual results were proving that notwithstanding a deep desire on his part he was unable to do so.

My method with this man was psychologically the same as with A., and his reaction was somewhat similar, although a lack of fine mental caliber in the man made it impossible for him to achieve the same striking material success as A.

This case was interesting, however, because of certain physical symptoms which entirely disappeared under this method of treatment. The man was obviously very tense. He talked in a short, quick, snappy, metallic manner, bringing out each word separately, so that his speech always reminded me of a chain of separate links. The movement of his arms was quick and mechanical, and he had a jerky, spasmodic, undirected way of using the left leg which gave him a limping walk. After the first relaxation and interview—which took about an hour and a half—he was much impressed when he noticed in walking out of the room that the limp had almost entirely dis-

appeared. After the fourth meeting it had gone. By this time also the movement of the arms was natural, and the separate links of his speech had become like a connected chain. His whole being, in fact, seemed to co-ordinate and blend; and under this normal coördination the desire for drink passed away.

C. was fifty-one years old, a widower with three sons who had turned him out because of his drinking. A man whom I had helped brought him to me one evening. He was sober but utterly discouraged and remorseful.

I asked the friend to stay outside while I had my preliminary talk with C. It was night and he was so very tired that he responded easily to the relaxation which followed. It was probably the first time he had been thoroughly relaxed since he was a baby, and the result was that he went into a natural and restful sleep. I timed him and found that he slept for seven minutes.

He opened his eyes, gaped and stretched, and then looked at his left arm—which was still outstretched—with an expression of amazement. He then jumped from his chair;

moved the arm up and down; opened and shut the hand; took off his coat and put it on; called to his friend, who came in, and said, "Look at this!"; and took off his coat and put it on again.

The friend, also with an expression of amazement, said, "What in the world has happened?"

C. answered, "This man has performed a miracle."

I had purposely said nothing up to this time as I wished the situation to develop under perfect freedom, but I now asked them to explain what had happened for I was in the dark. It seemed that the left arm had been partially paralyzed according to various diagnoses, and that C. had not only been unable to use it, but had always had to be assisted in dressing.

I explained to them that obviously this was not a case of true paralysis and gave them my theory of the condition being one of a purely functional nature which had disappeared under the treatment used.

Prompted by experience with other patients, I asked C. if the room we were in seemed to be the same one he had come into; and he

replied, "Yes, but it looks different." I then explained that perhaps everything around him seemed clearer because his mind had become clearer, and asked him if he did not notice that the pictures showed more sharply against the wall and that the angles of the window frames and the piano were sharper and more distinct. "Yes," he said eagerly, "that is true, and my whole body feels different and my limbs are freer."

I also suggested to him that on the following day he would notice the sky-line of the buildings where he had not noticed it before; that the branches of the trees would stand out clearly; and that upon a familiar walk he would see objects which he had never noticed before. On our next interview two days later he told me that these predictions had come true.

I kept track of this man for three years, and during that time the condition of the arm never returned.

It was this case which suggested to me an especial value, with patients who have any purely functional physical symptoms, in ob-

taining complete relaxation at the outset. At that time, had I known about the arm condition and had it been diagnosed as functional, I should have discussed the matter with the patient before proceeding to any relaxation and have attempted to give him a rational explanation of how it would be possible for him to recover the use of his arm. But in this case nothing was said by either of us in regard to this condition, and the relief came without even the knowledge on my part that any such symptom had existed. Complete relaxation alone brought about the result which I had formerly thought could be induced only through psycho-analysis or suggestion. Since this experience I have worked upon the theory of inducing complete relaxation immediately whenever possible so as to eliminate any functional symptoms at the outset and leave a clear field for the psychological and re-educational work.

I offer this case, and the case of B. preceding, as suggestive of the peculiar value of this method in the treatment of war-strained men in whom physical conditions which are purely functional may exist. While only a

small proportion of my patients have shown conditions of this kind, my experience with these has been such that I am convinced of the practicability of using the same methods for the relief of corresponding conditions in war-strain.

THE CASE OF MRS. D.

MRS. D. was fifty-three years old, an intelligent, talented woman, who had formerly been a singer in a high class opera troupe. Her husband had deserted her, and she had suffered much adversity, finally becoming confined to the house for years by reason of her fear of going out. She was nervous and irritable to the last degree, could not sleep well, had no appetite, suffered from pains in various parts of the body, and had always thought she had "heart-trouble," though her physician could find no organic difficulty of any kind.

She was prevailed upon one day to take a taxi and come to our rooms. Upon arriving in the hall where I came through to meet her, she wheeled on her heel and fell in what appeared to be an honest unconsciousness. After

she revived we walked to my room, but she trembled and was so very unsteady that I thought she might fall again at any moment. She sank into a chair and was evidently in much fear and real pain. She held on to her side breathing short laboring breaths, and her face was pallid and distorted.

She kept her eyes closed and maintained a silence through the whole interview, but I learned from the woman who was present with her and from the physician's message that she suffered a great deal of pain and was in constant fear. Her companion explained that for years she had been afraid of open spaces, tunnels, elevated trains, crowded streets, railroad trains, and so forth, and that this had finally reached a point where she would not leave the house. These were the more definite points, but it was evident that she was in this condition of fear over anything upon which her mind was focussed.

She of course heard her own symptoms described by her companion on this first interview so that, although she had not spoken to me personally, she felt when I talked about her

condition that I had at least an understanding of what she was going through. Nevertheless, I realized that she was very combative, and it did not take highly developed intuition to discover that her attitude was extremely disagreeable.

I held her attention by moving slowly about the room, opening a window, fixing the open fire, and doing a number of different, definite things, and occasionally speaking quietly to her. The result was that she relaxed somewhat under this indirect method and the general atmosphere of calm.

Then I said to her:

"Mrs. D., I am not going to try to tell you it is foolish for you to have these fears. The fact remains that you have them, and my purpose is to help you to get rid of them. Logically you know as well as I that nothing is going to hurt you in an open space such as the Common or the Public Garden; and you would so advise any other person suffering from the same fear. Notwithstanding this, you do fear, and this condition of fear is psychological and

is just as much to be considered as though there were a logical reason for it.

"One cause for this mental reaction is the tenseness not only of your body but of your brain. You are all tied in a knot and you would feel much easier if you would let your shoulders lower. Don't keep them hunched up to your ears—just let them drop. That's it. Let your arms and wrists relax, too, while I am talking to you. That's it; take it easy. I also wish you would not clinch the teeth. It keeps the muscles of the jaw and of the face tense; it affects the forehead and the mind itself. If you will just let those jaw muscles relax and let the forehead and the face relax, the blood will go out of the head to some extent, and you will find that your thoughts are quieter and slower.

"Also to help the situation a little, won't you please take two or three deep breaths. If you have ever done any singing you will know what I mean—inhale through the nostrils a deep breath and exhale through the mouth. This deep breathing will help your nervousness; in fact, you will notice that the more nervous you

get the shorter are your breaths and when you are in a panicky condition you are breathing way up in the throat—panting. Now once more take a deep breath and deliberately let yourself relax all over.”

Here I repeated the relaxing treatment as with A. so far as the psychological steps went, and explained after she was somewhat relaxed and was free from twitching:

“We have found in a great many cases that this relaxation brings about a certain coordination which reduces nervousness. The blood seems to circulate more normally; the mind seems to do less racing; and following this condition fears become somewhat less, and a great many times a new hope springs up that possibly one has found a method by which she can get some relief. As I say, this proves to be the case with many people who come here. It is possible that even this little relaxation may be of assistance to you—not just at this moment necessarily—but you may this evening feel a little calmer than you have been. Of course, you may be one of the people whom this method does not help; but I see no reason why

you should not be one of the fortunate. So if you feel encouraged to do so I shall be very glad to have you come to-morrow morning, and we will try to get this relaxation down a little finer.

"There is one point that I want to advise you about. Do not try to overcome this fear by common-sense; you are going to get rid of it, but it is going to fade away; so if you feel like having a fear, go ahead and have it."

Mrs. D. appeared the next morning; she did not faint but seemed to be just as trembling in her walk. She would answer occasionally in monosyllables, which was an improvement over the day before. To my question she gave me to understand very curtly that there had been no benefit whatever from yesterday's interview and that her coming to-day indicated neither hope in the method nor confidence in me personally. I explained to her that it would be a paradox if she were in her present condition and had confidence in anything or anybody. I had better results in relaxation at this interview; and she thought upon leaving that she might as well come every day for a

while as long as she had started with the idea.

We kept to the relaxing and philosophizing for four more treatments. By this time she was coming to the church with her bicycle. Curiously enough, she derived some confidence and courage from wheeling along the sidewalk this bicycle, which after a time she was able to ride. This was her own idea; and it was encouraging to me as it indicated that, notwithstanding her surface attitude of indifference, she was in reality making an effort.

On the fifth call I got her to walk out on the street with me a little way. On the sixth I went with her to the entrance of the Public Garden which was near the church. This nearly caused her collapse; but I assured her that she need never go in until she was willing and that she would never have to go any farther than she wished, for it would do her no good to walk through it a thousand times physically if she were not at ease mentally. We went to the entrance a number of times after this. By this time she was relaxing physically and mentally very well, was sleeping better, was less irritable, and in many ways showed a distinct

improvement. However, her face still had a peculiar pallor, and there was as yet no color in her lips.

My training at this point was to the end that she might relax to her fears; and one day when we were talking about her theatrical experiences, we walked to the Public Garden again and continued on through. When we had come out at the other side, I said, "You realize what you have done, do you?" She nodded and answered that she had not had any fear or panic while going through. I explained to her that I believed this was due to the transfer of her point of attention to something so interesting that it was of much more value to her momentarily than the fear which she had been cultivating, and that I thought if she would directly or indirectly build up some interest to which she could shift her attention at will she would find it a great aid in relaxing mentally and in evaporating that fear which had so persistently clouded her mind.

From now on we tried the Garden walk, lengthening it each time. Occasionally it was unsuccessful, but on the whole we obtained bet-

ter and better results, going farther down town until we arrived at the shopping district. There we would look at the shop windows or sometimes, while I stood at a given place in a store, Mrs. D. would go to some counter out of sight and make a purchase, coming back to find me.

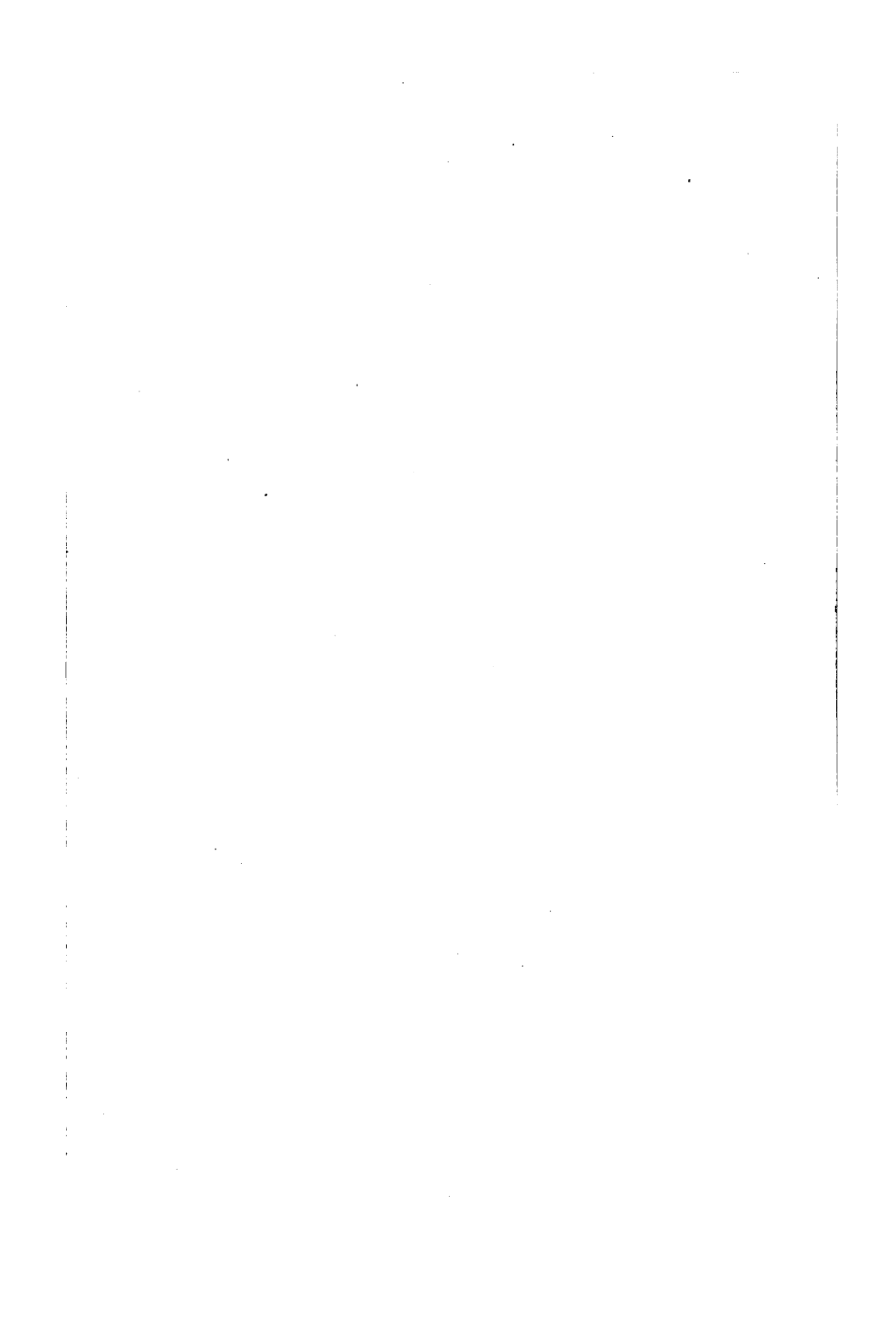
Then one day when she was with me I remembered that I had an appointment to speak, and I asked her to go with me. It was necessary to go on the elevated train. She accepted my invitation, but her courage failed when she got to the entrance of the elevated. However, she knew that I was late and that I could not leave her to go home alone, and upon being encouraged to relax to this situation she did so and rode in an elevated train for the first time in twelve years.

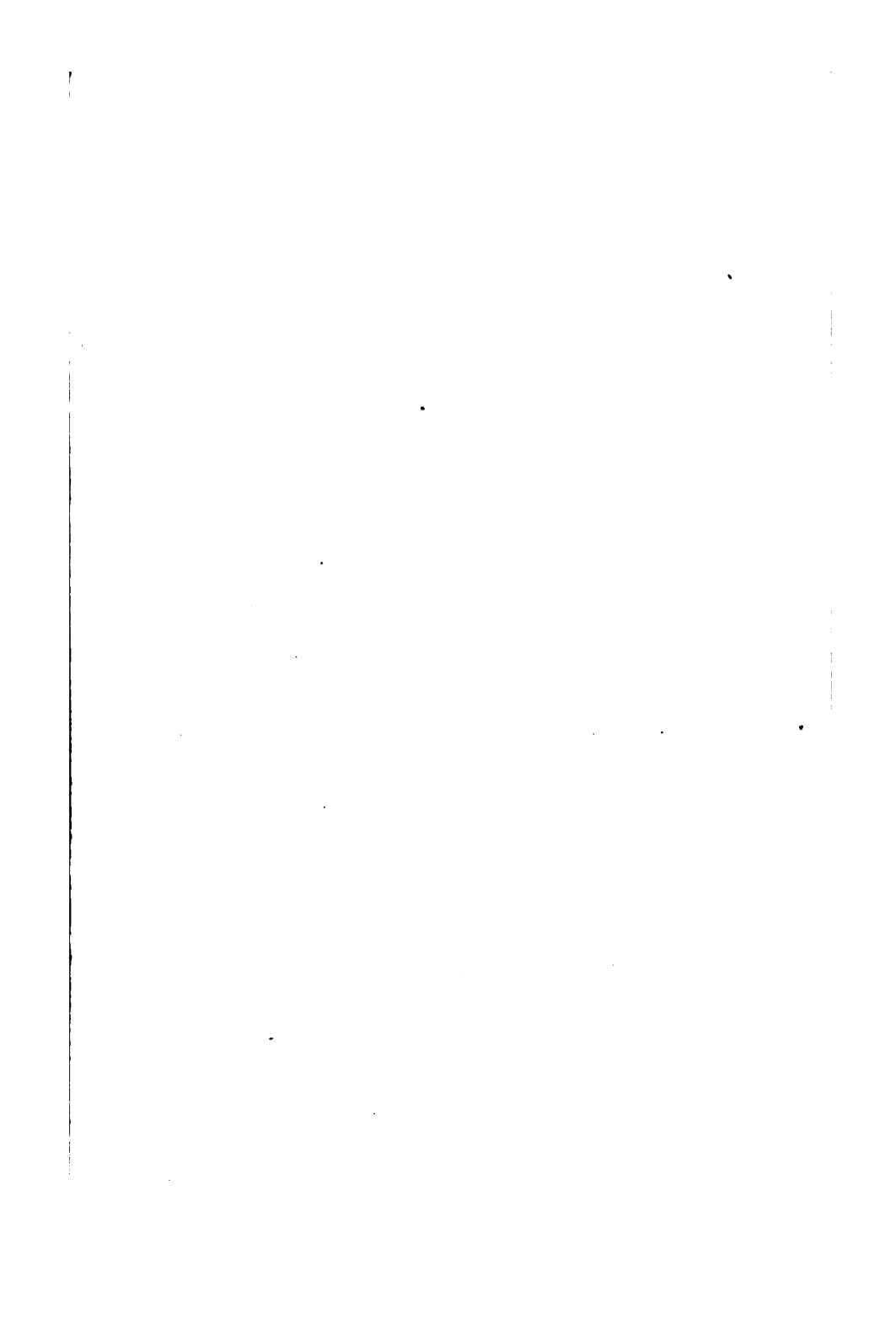
After this experience she developed very rapidly. There were certain definite streets which she dreaded, but upon one visit to these with me the complex disappeared. The hot weather began at this time. Formerly this had been a period of the most intense nervousness and fear; but now, while she felt the heat tremendously, she exercised the methods she

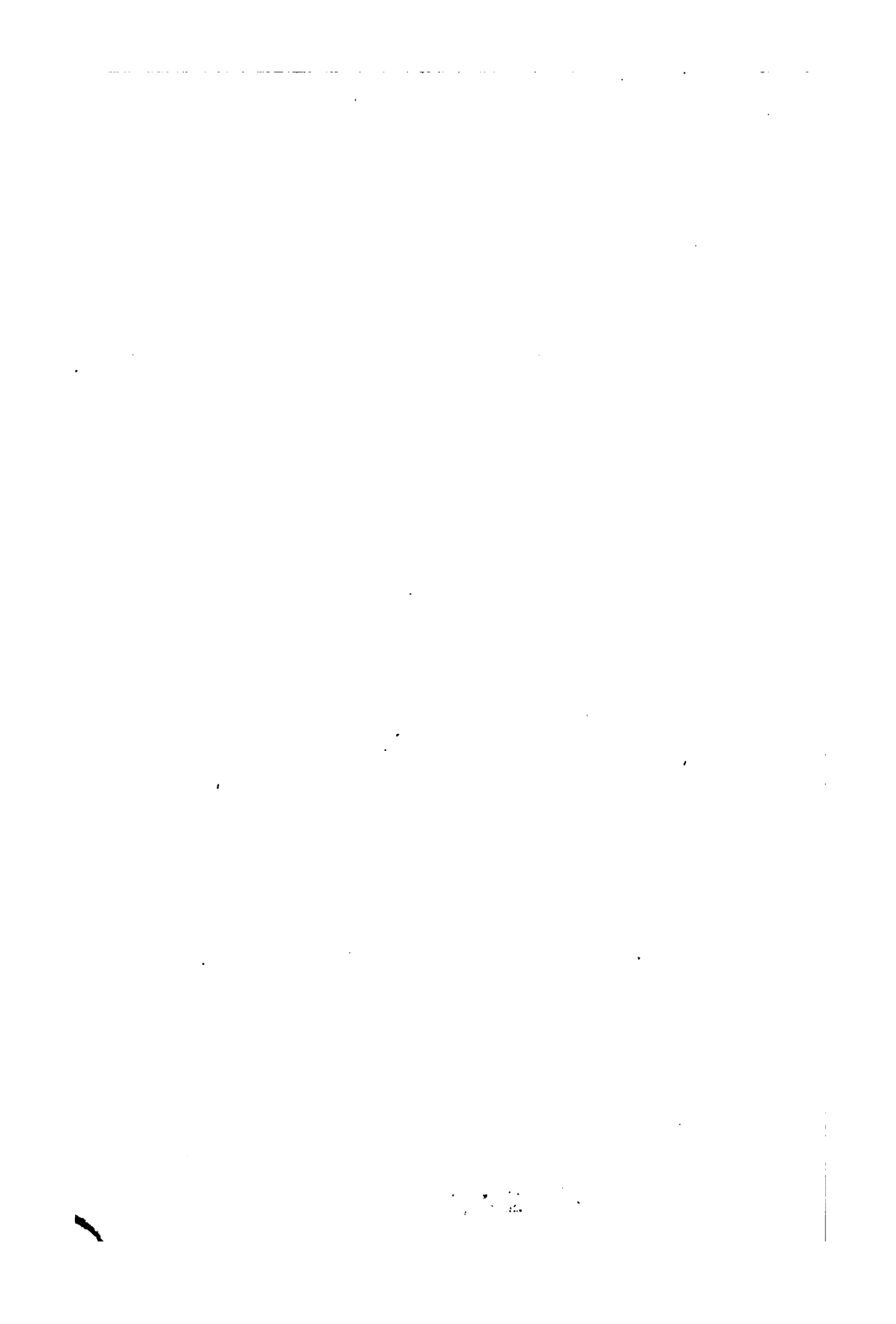
had been practicing and the fear feeling was practically *nil*.

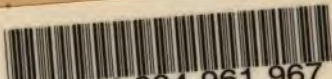
In the fall there was a change in her family arrangements, and it became necessary for her to conduct her own affairs—that is to keep the house, rent the rooms, and so forth, without any assistance from her family. She took this up quite naturally, and from that time on has improved in every way.

The pallor has gone from her cheeks and lips, and she looks years younger. She is apparently singularly free from fears and apprehensions for she has much that would worry the average person. Her attitude of chronic pessimism and antagonism has entirely disappeared. She now firmly believes that whatever she makes up her mind to will come about and that, this being the case, she can make for herself a life full of richness and happiness.









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